PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/550,493			ing Date 26/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), (		N/A		N/A		N/A	(0)	i	N/A	, LL (0)
Ь	SEARCH FEE		N/A		N/A		N/A		l	N/A	
듬	(37 CFR 1.16(k), (i), o EXAMINATION FE	E	N/A	_	N/A		N/A		ł	N/A	
	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) DEPENDENT CLAIM	s	minus 3 = *			l	x \$ =		~	x s =	
	CFR 1.16(h))  APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	specifica ts of pape 50 (\$125 ional 50 s S.C. 41(	gs exceed 100 on size fee due for each in thereof. See CFR 1.16(s).							
Ц	MULTIPLE DEPEN		_				TOTAL		ı		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL	L
	APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY			ER THAN ALL ENTITY
IN	03/30/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.18(i))	· 15	Minus	<b></b> 20	= 0	]	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	<b></b> 3	= 1	]	x \$ =		OR	X \$220=	220
ME	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	220
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z	Total (37 CFR 1,18(i))	•	Minus	**	=	]	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***	=	]	x \$ =		OR	x s =	
핆	Application Size Fee (37 CFR 1.16(s))					]			]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, water "or in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 8.0 enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  DESHONNE T. MARTINO/  THE "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  DESHONNE T. MARTINO/  THE "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.